EMERGENCY CONTACT PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182, 3280.124(a)(b), 3280.181 & 182, 3290.124(a)(b), 3290.181 & 182

(2017) COBE CITAL TENG CETC. 12 1(a)(b), CETC. 101 a 102, CECC	3(a)(a), 020031 & 102, 02002 (
CHILD'S NAME		BIRTH DATE	
ADDRESS			
MOTHER'S NAME/LEGAL GUARDIAN	HOME TE	HOME TELEPHONE NUMBER	
F-MAIL ADDRESS		FELEPHONE NUMBER	
ADDRESS	L		
BUSINESS NAME	BUSINES	S TELEPHONE NUMBER	
ADDRESS			
FATHER'S NAME/LEGAL GUARDIAN	HOME TE	ELEPHONE NUMBER	
E-MAIL ADDRESS	MOBILE 1	FELEPHONE NUMBER	
ADDRESS	<u>l</u>		
BUSINESS NAME	BUSINES	S TELEPHONE NUMBER	
ADDRESS			
EMERGENCY CONTACT PERSON(S) NAME	TELEDHONE NIL	MDED WHEN CHILD IS IN CARE	
EMERGENCY CONTACT PERSON(S) NAME	TELEPHONE NO	MBER WHEN CHILD IS IN CARE	
PERSON(S) TO WHOM CHILD MAY BE RELEASED NAME	ADDRESS TELEPHONE NUMBE	R WHEN CHILD IS IN CARE	
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER	TEI EDUC	ONE NUMBER	
	TELEFIC	THE NOWIDER	
ADDRESS			
SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION	ALLERGIES (INCLUDING MEDICATION REACTIONS)	
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION, SPECIAL CONDITIONS	MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD			
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS	POLICY NUMBER (REQUIRED)	POLICY NUMBER (REQUIRED)	
PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARI	ENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST - AID PROC	EDURES	
WALKS AND TRIPS	SWIMMING	SWIMMING	
TRANSPORTATION BY THE FACILITY	WADING	WADING	
ERIODIC REVIEW			
ENIODIO REVIEW			
SIGNATURE OF PARENT OR GUARDIAN		DATE	
SIGNATURE OF PARENT OR GUARDIAN		DATE	